



बिरला प्रौद्योगिकी संस्थान

BIRLA INSTITUTE OF TECHNOLOGY

विद्या अनु आ अधिनियम १९५६ की धारा ३ के तहत मनित किविद्यालय | A Deemed to be University u/s 3 of UGC Act, 1956
मेसरा, राँची- ८३५२१५ (भारत) | MESRA, RANCHI - 835 215 (INDIA)

फोन/Phone: (EPBX) 0651-2275444/2275896, 2276002/2276006 फैक्स/Fax: 0651-2275401/2276052 वेबसाइट/website: www.bitmesra.ac.in

Ref.: APO/2024-25/ 69

Date: 23rd June 2025

NOTICE

Institute Research Scholarship for Self – Financed Full Time Ph.D. Scholars

The self-financed full time Ph.D. Scholars admitted at BIT Mesra (Main Campus) fulfilling the criteria as mentioned here under, are invited to apply for the financial assistance of Rs. 15,000.00 (Rupees Fifteen Thousand Only) per month:

- (i) CGPA: 7.50 and above.
- (ii) No. of Publications in indexed unpaid SCI/SCIE/SSCI/AHCI journals: Atleast 01 (one).
- (iii) The candidate must be the first author in at least 01 (one) paper (published/accepted).
- (iv) The concerned Ph.D. Scholar must not have completed more than 3.5 years of his/her Ph.D. tenure (on the last date of application i.e. 30th June 2025) as the scheme is valid till 04 (four) years from the date of Ph.D. admission.

Due to limitation of funds, the scholarship shall be awarded to the Ph.D Scholars based on merit, who have not received any funding in the past from any external source(s) including TEQIP.

The selected scholars shall be identified as **Institute Research Scholars (IRS)**.

The self-financed full time Ph.D. Scholars complying with the above-mentioned criteria may submit the application in their respective departments on or before **30th June 2025 (Monday)**.

The HoDs of the respective Departments shall conduct a meeting of Doctoral Committee (D.C.) and submit the recommendation of the D.C. alongwith the applications (with all enclosures) of the recommended Ph.D. Scholars to the Academic Programme Office by **04th July 2025 (Friday)** for further necessary action.

The recommendations submitted by the departments beyond **04th July 2025** shall not be considered.

After selection, the scholars shall be assigned academic load of maximum 30 hours per month by the respective department as under based on their specialization/expertise.

- (i) Theory, Lab, Tutorial classes etc. as assigned for the Department/University Polytechnic.
- (ii) Assisting in Central Instrumentation Facility (CIF) with proper training and supervision.

The financial assistance shall be applicable initially for a period of 06 (six) months and further extendable subject to periodical review after every six months. It is to be noted that the IRS shall be provided for a maximum period of four (04) years from the date of joining or till submission of thesis, whichever is earlier.

Enclosure: Application Form & Undertaking for Institute Research Scholarship (IRS)

Copy To:

1. Head of the Departments
2. All Deans, Associate Deans, Director – IQAC
3. Registrar, Controller of Examinations
4. Dy. Comptroller, Dy. Finance Officer
5. Asst. Registrar (Acad. Prog.)
6. P.S. to the Hon'ble Vice Chancellor
7. File (Academic Programme Office)

Dean (PGS)



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BIRLA INSTITUTE OF TECHNOLOGY
(वि. ०३८० ३०० २२७५४४४/२२७५८९६, २२७६००२/२२७६००६) [A Document to be University u/s 3 of UGC Act, 1956]
मेसरा, राँची- ८३५२१५ (भारत) | MESRA, RANCHI - 835 215 (INDIA)

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DATE:

APPLICATION FORM FOR INSTITUTE RESEARCH SCHOLARSHIP (IRS)

1. NAME: _____
2. ROLL NO.: _____
3. DEPARTMENT: _____
4. PRESENT RESIDENTIAL ADDRESS: _____
5. MOBILE NO.: _____
6. E-MAIL ID: _____
7. NAME OF THE GUIDE (S): _____
8. COURSES COMPLETED DURING Ph.D. AND GRADES (ATTACH COPIES AS PROOF):

| S. NO. | COURSE CODE | COURSE NAME | CREDIT(S) |
|--------|-------------|-------------|-----------|
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9. CUMULATIVE GPA: _____ [MINIMUM 7.50 TO APPLY]
10. NO. OF BACK PAPER (S) DURING Ph.D. COURSEWORK: _____
11. NO. OF PAPERS PUBLISHED/ACCEPTED IN SCI/SCIE/SSCI/AHCI/ INDEXED JOURNALS BASED ON CURRENT Ph.D. WORK: _____ [MINIMUM ONE (01) PAPER]
12. DETAILS OF THE PUBLISHED/ACCEPTED PAPER(S): [MENTION DETAILS IN CASE OF MORE THAN ONE PAPER; PLEASE USE MORE SHEETS IF REQUIRED]

FIRST AUTHOR : _____

OTHER AUTHOR (S) : _____

JOURNAL TITLE : _____

ISSN : _____

PAPER TITLE : _____

13. DETAILS OF FINANCIAL ASSISTANCE RECEIVED IN THE PAST FROM ANY OF THE FOLLOWING SOURCES:

| S. NO. | NAME OF THE FUNDING AGENCY | TOTAL AMOUNT (IN INR) | NO. OF MONTHS | PERIOD (FROM....TO....) |
|--------|---|--------------------------|------------------|----------------------------|
| 1. | BIT MESRA (TEQIP) | | | |
| 2. | ANY OTHER FUNDING AGENCY (PLEASE SPECIFY THE NAME) | | | |

**14. MENTION IF PRESENTLY RECEIVING ANY FINANCIAL ASSISTANCE/FELLOWSHIP/ SCHOLARSHIP etc.
FROM ANY SOURCE:**

| NAME OF THE FUNDING AGENCY | NAME OF FELLOWSHIP | AMOUNT PER MONTH (IN INR) |
|----------------------------|--------------------|------------------------------|
| | | |

The facts and figures provided in this application if found to be incorrect or wrong in future, appropriate action may be taken by the concerned authority.

Signature of the Applicant with Date

Recommendation of the Doctoral Committee (DC):

| S. No. | Name | Designation | Signature |
|--------|------|-------------|-----------|
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UNDERTAKING FOR INSTITUTE RESEARCH SCHOLARSHIP (IRS)

I, Mr. / Ms. _____, Roll No. _____,

Department: _____ hereby undertake that:

1. The information entered by me in the application form is correct.
2. I do not have any outstanding fee payment due till the last attended semester.
3. I shall register for _____ semester in the MO 2025 session.
4. I have regularly marked my biometric attendance till date.
5. I have not availed any scholarship/fellowship from any funding agency in the past.
6. If I leave the Ph.D. programme in between without completion of the degree requirements, I shall make full refund of the received scholarship amount.

I hereby declare that the information furnished is true and correct to the best of my knowledge and belief. I understand that if the information is found false or to be incorrect at any stage, the Institute may take appropriate action against me, and I shall also be liable to make full refund of the received scholarship amount.

Signature of the Student: _____

Date: _____

Place: _____